

Manitoba Seniors Hearing Aid Program

Hearing Aid Dealer Claim Form



Department of Families
Department Seniors/Long Term Care
100-114 Garry Street
Winnipeg Manitoba R3C 4V4

Phone: (204) 945-5588
Fax: (204) 948-2143
Toll free: 1-(844)-403-4327 (HEAR)

Section 1

HEARING AID DEALER INFORMATION

CLIENT INFORMATION

| | | | |
|------------------------|-------------|----------------------------|----------------|
| License Number: | | Application Number: | Date of Birth: |
| Dealer Name: | | Last Name: | First Name: |
| Address: | | Mailing Address: | |
| Phone number: | Fax number: | Phone number: | |

Section 2

BILLING INFORMATION

| | | |
|--|---|---|
| Date of Delivery: _____ Day/Month/ Year | Description of Item(s): Right Hearing Aid <input type="checkbox"/> Left Hearing Aid <input type="checkbox"/> Right & Left Hearing Aids <input type="checkbox"/> | Amount Payable: \$ _____ (up to \$2,000 maximum) |
|--|---|---|

Section 3

SIGNATURES- Please send this form along with a copy of the total amount billed to the above client

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|--|
| Dealer Signature: _____ Date: _____ |
| I certify that services above were provided, and all information on this form is accurate. |

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| Client Signature: _____ Date: _____ |
| I authorize release of the information contained in this claim to Manitoba Seniors Hearing Aid Program. I understand that any balance not covered by Manitoba Families is my responsibility to the above hearing aid dealer. |